

Oakland County

Court Case No. (optional) _____

Assigned Judge (optional) _____

AWOLP Report by Court

Minor's Name: **DOE, JOHN**

Date of Birth: **3/23/1990**

Sex: **M**

Date Missing: **7/14/2006**

Legal Status: **Neglect**

*** Courts are not required to report on minors who are delinquent only. If the minor falls in that category, please advise and we will follow up with DHS.**

Child Placing Agency: **DHS**

* * * * *

The text in **blue** has been merged into the form that you receive.

Child Placing Agency: **DHS**

☐ Residential Facility

☐ Licensed Foster Home

☐ Relative Home

☐ Fictive Kin

☐ Missing Person Report Made (date) _____ Report Number: _____

☐ Investigator Assigned to Case: _____

☐ Suspected Abduction Suspected Abductor _____ (name)

☐ Amber Alert Sought _____(date) Amber Alert Obtained _____ (date)

☐ National Center for Missing and Exploited Children Involved _____(date)

☐ Entered into LEIN _____ (date)

* * * * *

Information identified with **red** is required.

Provide the report number and investigator's name when possible.

Please consult your local DHS contact concerning abduction, Amber Alert, and NCMEC and provide that information when appropriate.

Date of Last Hearing: _____ Date of Next Hearing: _____

Findings/Results/Comments:

* * * * *

Information identified with **red** is required.

Each report should include a summary of findings, results, and other activities since the last report.

Examples:

- Arrested on 12/6/07 and lodged in jail. Assorted drug-related charges are pending.
- No new information from Child Locator Unit; call to great grandmother was not returned.

This area can also be used to communicate any additional information you wish to report.

Disposition:

- ☐ No Longer AWOLP – Whereabouts Known as of _____ (date)
Located at: _____ (address)
Located with: _____ (e.g. parent, sibling, friend – provide name)
- ☐ Approved by DHS ☐ Not Approved ☐ Repeat Runner
- ☐ Removed from LEIN _____ (date)
- ☐ Termination of Court Jurisdiction as of: _____ (date)
- ☐ Whereabouts Unknown ☐ Maximum Benefit of Services
- ☐ Other (explain) _____
- ☐ Petition Not Adjudicated

Reason Child was AWOLP:

* * * * *

Information identified with **red** is required.

When child is located (No Longer AWOLP), provide information identified with **green**.

When jurisdiction is terminated, provide information identified with **blue**.